

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11
W. R. GRACE & CO., et al.¹) Case No. 01-01139 (JKF)
Debtors.) Jointly Administered

SUPPLEMENTAL EXHIBIT TO DOCKET NO. 1664

¹ The Debtors consist of the following 62 entities: W. R. Grace & Co. (f/k/a Grace Specialty Chemicals, Inc.), W. R. Grace & Co.-Conn., A-1 Bit & Tool Co., Inc., Alewife Boston Ltd., Alewife Land Corporation, Amicon, Inc., CB Biomedical, Inc. (f/k/a Circe Biomedical, Inc.), CCHP, Inc., Coalgrace, Inc., Coalgrace II, Inc., Creative Food 'N Fun Company, Darex Puerto Rico, Inc., Del Taco Restaurants, Inc., Dewey and Almy, LLC (f/k/a Dewey and Almy Company), Ecarg, Inc., Five Alewife Boston Ltd., G C Limited Partners I, Inc. (f/k/a Grace Cocoa Limited Partners I, Inc.), G C Management, Inc. (f/k/a Grace Cocoa Management, Inc.), GEC Management Corporation, GN Holdings, Inc., GPC Thomasville Corp., Gloucester New Communities Company, Inc., Grace A-B Inc., Grace A-B II Inc., Grace Chemical Company of Cuba, Grace Culinary Systems, Inc., Grace Drilling Company, Grace Energy Corporation, Grace Environmental, Inc., Grace Europe, Inc., Grace H-G Inc., Grace H-G II Inc., Grace Hotel Services Corporation, Grace International Holdings, Inc. (f/k/a Dearborn International Holdings, Inc.), Grace Offshore Company, Grace PAR Corporation, Grace Petroleum Libya Incorporated, Grace Tarpon Investors, Inc., Grace Ventures Corp., Grace Washington, Inc., W. R. Grace Capital Corporation, W. R. Grace Land Corporation, Gracoal, Inc., Gracoal II, Inc., Guanica-Caribe Land Development Corporation, Hanover Square Corporation, Homco International, Inc., Kootenai Development Company, L B Realty, Inc., Litigation Management, Inc. (f/k/a GHSC Holding, Inc., Grace JVH, Inc., Asbestos Management, Inc.), Monolith Enterprises, Incorporated, Monroe Street, Inc., MRA Holdings Corp. (f/k/a Nestor-BNA Holdings Corporation), MRA Intermedco, Inc. (f/k/a Nestor-BNA, Inc.), MRA Staffing Systems, Inc. (f/k/a British Nursing Association, Inc.), Remedium Group, Inc. (f/k/a Environmental Liability Management, Inc., E&C Liquidating Corp., Emerson & Cuming, Inc.), Southern Oil, Resin & Fiberglass, Inc., Water Street Corporation, Axial Basin Ranch Company, CC Partners (f/k/a Cross Country Staffing), Hayden-Gulch West Coal Company, H-G Coal Company.

W. R. Grace & Co.

Asbestos Medical Monitoring

Proof of Claim Form

*The United States Bankruptcy Court for the District of Delaware
In re: W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF)
(Jointly Administered)*

SUBMIT COMPLETED CLAIMS TO: [address]

For a complete list of the Debtors in this case, please see "The Debtors" section of the General Instructions for Completing Proof of Claim Forms. The Debtors in this case are collectively referred to in this document as "Grace".

If you have a current claim against Grace for medical monitoring, but not personal injury, due to alleged significant exposure to hazardous asbestos fibers as a result of the acts or omissions of Grace, THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON [BAR DATE], or you will be forever barred from asserting or receiving payment for your claim.

**INSTRUCTIONS FOR FILING THE W. R. GRACE & CO.
ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM**

WHO SHOULD USE THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM

1. This Asbestos Medical Monitoring Proof of Claim Form (referred to in this document as the "Form") applies only to claims being made against Grace by or on behalf of those who have not as of the Claim Bar Date suffered any personal injury but who are alleging that Grace wrongfully caused them to be significantly exposed to hazardous asbestos fibers, that this exposure significantly increased the claimant's risk of contracting a serious latent disease, that medical monitoring could reasonably be expected to result in early detection of the onset and mitigation of the severity of such disease, and that because of this exposure it is necessary for the claimant to be examined by a physician or receive medical testing more often than he or she otherwise would.
2. This form should not be used for claims for an Asbestos Property Damage Claim, Zonolite Attic Insulation Claim, Asbestos Personal Injury Claim, or a Non-Asbestos Claim. Instead, separate specialized proof of claim forms for these claims should be completed.
3. Please do not distribute this form to others. Please call (XXX) XXX-XXXX to request additional forms if they are needed.

GENERAL INSTRUCTIONS

1. This form must be signed by the claimant or authorized agent of the claimant. **THIS FORM MUST BE RECEIVED ON OR BEFORE 5:00 PM EASTERN TIME ON [Bar Date]**, or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Grace Claims Processing Center, c/o _____ If you are returning this form by mail, allow sufficient time so that this form is received on or before **[Bar Date]**. Forms that are postmarked before **[Bar Date]** but received after **[Bar Date]** will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.
2. If you cannot fit all information in any particular section or page, please make a copy of that page before filling it out and attach as many additional pages as needed.
3. This form must be filled out completely using BLACK or BLUE ink.
 - Please print clearly using capital letters only.
 - Skip a box between words.
 - Do not write outside of the boxes or blocks.
 - Do not use a felt tip pen.
 - Do not bend or fold the pages of the form.
4. Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
5. Mark check boxes with an "X" (example at right).
6. Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
7. Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims Agent at the following address: _____.
8. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.

PART III: Questions Applicable To Persons Claiming Exposure To Asbestos In The Libby, Montana Area (Lincoln County, Montana)

A. RESIDENCE/EMPLOYMENT INFORMATION

1. Were you ever a resident of Lincoln County, Montana?

During what period of time? What were your residential address(es) during each such period of time?

Start Date

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MM

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Month Year

End Date

--	--	--

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Month Year

Residential Address:

.....

Street Address

.....

City

*Zip Code
/Postal Code*

Start Date
 -

End Date

--	--	--	--	--	--

Month Year

Residential Address:

.....

Street Address

.....

City

Zip Code
/Postal Code

Start Date

Residential Address:

RECORRIDO ALTA COSTA

Street Address

.....

- 5 -

Zip Code
Postal Code

2. List your jobs, employers and employment locations during each period of time in which you lived in Lincoln County.

1. Employment Dates:

Month *Year*

2. Occupation:

.....

description

3. Claimant's Employer

.....

4. Employment Location:

Table 1. Summary of the main characteristics of the four groups of patients.

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City

*Zip Code
(Postal Code)*

1. Employment Dates:

<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>						

Month *Year*

2. Occupation:

.....

description

3. Claimant's Employer

.....

4. Employment Location:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Street Address

*Zip Code
/Postal Code*

B. OTHER CLAIMS OR LITIGATION

Have you ever brought or filed any worker's compensation claims against Grace?

If yes, answer this section.

- 1. Describe the injury for which you sought compensation.**

2. When was the claim filed?

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100

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Month *Year*

- ### **3. What was the result of the claim?**

Have you ever filed any other claims or lawsuits against Grace?

□ □ □

If yes, answer this section.

- 1. Please describe the claim or lawsuit.**

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at john.smith@researchinstitute.org.

- 2. When was the claim or lawsuit filed?**

3. Where was the claim or lawsuit filed (court or other claims authority)?

Court or Claims Authority:

.....

Name

.....

City

1

State / Province

- 4. What was the result of the lawsuit or claim?**

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C. RELATED PARTY MEDICAL MONITORING CLAIM

If you claim exposure to asbestos brought into your household by a family member who worked for Grace, list each Grace employee in your household and describe the time period of each such exposure, their job(s) and employment location(s).

Grace Employee Name:

1. Asbestos Exposure dates:

2. Grace Employee Occupation:

description

3. Employment Location:

10. The following table summarizes the results of the study. The first column lists the variables, the second column lists the descriptive statistics, and the third column lists the regression coefficients.

Grace Employee Name:

1. Asbestos Exposure dates:

The diagram illustrates a mapping from a 2x2 grid representing 'Month' to a 2x3 grid representing 'Year'. The 'Month' grid has two columns and two rows, with dashed lines indicating missing cells. The 'Year' grid has two columns and three rows, also with dashed lines for missing cells.

Month *Year*

2. Grace Employee Occupation:

description

3. Employment Location:

D. ZONOLITE ATTIC INSULATION EXPOSURE (LINCOLN COUNTY, MT)

Do you or did you have Zonolite Attic Insulation in your home during any period of time in which you lived in Lincoln County?

Where was/is it located in your home?

Did you personally install that insulation?

Has the Zonolite Attic Insulation ever been moved and/or disturbed by you?

If yes, specify when and in what manner the Zonolite Attic Insulation was moved and/or disturbed.

Date	Description
<input style="width: 20px; height: 20px; border: none; border-collapse: collapse;" type="text"/> <input style="width: 20px; height: 20px; border: none; border-collapse: collapse;" type="text"/> <input style="width: 20px; height: 20px; border: none; border-collapse: collapse;" type="text"/> <i>Month</i>	<input style="width: 20px; height: 20px; border: none; border-collapse: collapse;" type="text"/> <input style="width: 20px; height: 20px; border: none; border-collapse: collapse;" type="text"/> <input style="width: 20px; height: 20px; border: none; border-collapse: collapse;" type="text"/> <input style="width: 20px; height: 20px; border: none; border-collapse: collapse;" type="text"/> <i>Year</i>

For incidents in which the Zonolite Attic Insulation was moved and/or disturbed, how long did you stay in close proximity to the insulation after you disturbed it?

E. ASBESTOS TESTING

Has there ever been any testing or sampling for the presence of asbestos on the property at which you reside or resided in Lincoln County?

If yes, provide when

If Yes, when?

Date: - -
Month *Day* *Year*

Sample Location:

www.scholarone.com

Who took the sample:

Sample results:

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Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Month</i>	<i>Day</i>	<i>Year</i>

Sample Location:

.....

Who took the sample:

Sample results:

.....

If Yes, Attach To This Form All
Documents Related To Any Testing
Of The Property.

PART IV: QUESTIONS APPLICABLE TO FORMER WORKERS AT W.R. GRACE EXPANSION PLANTS (OTHER THAN IN LIBBY, MONTANA)

Have you ever worked at a W.R. Grace vermiculite expansion plant other than in Libby, Montana? If yes, answer the questions in this Part.

Name of Plant:

Name of Part:

Plant Address:

.....

Street Address

1

City

Table 1

Employment Dates at this Plant:

			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>

Occupation at this Plant:

.....

Continue on next page >>>

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Name of Plant:

Plant Address:

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Street Address

Cities *State* *Zip Code*

*State
/Province*

*Zip Code
/Postal Code*

Employment Dates at this Plant:

<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>

Occupation at this Plant:

Have you ever brought or filed any worker's compensation claims against Grace?

□ □ □

If yes, answer this section.

1. Describe the injury for which you sought compensation.

.....

2. When was the claim filed?

3. What was the result of the claim?

100 100 100 100

.....

Did your additional exposure occur because you shared a household with an occupationally exposed person (such as a spouse or a parent who worked in proximity to asbestos)?

If yes, list the time period of that household exposure:

Month	-	Year

Month	-	Year

List the name of the occupationally exposed household member:

Name

List his or her occupation, employer and employment location, and describe how that person brought asbestos from the workplace into your household:

Occupation

Employer

Employment location

How it was brought home

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PART VII: SIGNATURE PAGE

All claims must be signed by the claimant or the person filing on his/her behalf (such as the personal representative or attorney).

I, the undersigned, declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge.

	Month	-	Day	-	Year
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SIGNATURE OF CLAIMANT,
REPRESENTATIVE, OR ATTORNEY

IF THE SIGNATURE IS NOT THAT OF THE CLAIMANT,
PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE
RELATIONSHIP TO THE CLAIMANT

**THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM
IS A FINE OF UP TO \$500,000 OR
IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH. 18 U.S.C. §§ 152, 3571**